

Minutes of the meeting of the Audit and Compliance Committee of the Board of Directors of the Cook County Health and Hospitals System held Wednesday, October 9, 2013 at the hour of 8:00 A.M., at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Muñoz called the meeting to order. In the absence of a quorum at that time, he appointed Director Collens as a substitute Member of the Committee for quorum purposes; therefore, a quorum of members was present.

Present: Chairman Luis Muñoz, MD, MPH and Director Lewis M. Collens (substitute Committee Member) (2)

Director Hon. Jerry Butler

Present

Telephonically: Gerald Bauman (non-Director Member)

Absent: Directors Reverend Calvin S. Morris, PhD and Carmen Velasquez (2)

Chairman Muñoz stated that Gerald Bauman was unable to be physically present, but was able to participate in the meeting telephonically.

Director Collens, seconded by Chairman Muñoz, moved to allow Gerald Bauman to participate in this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Cathy Bodnar – System Chief Compliance and Privacy Officer
John Cookinham – System Chief Financial Officer
Bala Hota, MD – System Chief Information Officer
Natasha Lafayette-Jones - Director of Health Information Management

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board
Thomas Schroeder – System Director of Internal Audit
John Jay Shannon, MD – Chief of Clinical Integration
Dianne Willard – CCHHS Compliance Officer

II. Public Speakers

Chairman Muñoz asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. **Report from System Corporate Compliance and Privacy Officer (Attachment #1)

Cathy Bodnar, System Corporate Compliance and Privacy Officer, presented her report containing updates on the following subjects: Fiscal Year-To-Date Activity; Privacy Issues; Update on 340B Drug Pricing Program; and Professional Coding Reviews and Quality Improvement Actions. The Committee reviewed and discussed the information.

III. **Report from System Corporate Compliance and Privacy Officer (continued)

Chairman Muñoz requested an update on information technology security. Dr. Bala Hota, System Chief Information Officer, noted that the former System Information Security Officer had spearheaded that effort, and had a pretty well-established road map that he developed last year, prior to his leaving the organization; staff is in the process of executing their tasks relating to the project. Additionally, Dr. Hota noted that the equipment relating to the project has been placed in the budget.

Dianne Willard, CCHHS Compliance Officer, and Natasha Lafayette-Jones, Director of Health Information Management, provided additional information regarding the Professional Coding Reviews. Following the presentation of the information, Chairman Muñoz suggested that further thought be given to the idea of presenting the internal coding data in a format similar to McKesson's presentation of the external coding data. Ms. Lafayette-Jones stated that the information presented in the McKesson data is relating to their internal review; however, the information presented on the System's internal coding was the product of an external review – similarities and differences between internal and external reviews are like an apples to oranges comparison. In response to Chairman Muñoz's question regarding whether the System does the data points for each coder internally, as well, Ms. Lafayette-Jones responded affirmatively. She stated that the administration started that program shortly after the last Committee meeting; they are fine-tuning the data and will bring it back for the Committee's review at the next meeting.

IV. Action Items

A. Minutes of the Audit and Compliance Committee Meeting, July 10, 2013

Director Collens, seconded by Chairman Muñoz, moved to accept the minutes of the Audit and Compliance Committee Meeting of July 10, 2013. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections IV and V

V. Closed Session Items

A. Report from System Director of Internal Audit

B. **Report from System Corporate Compliance Officer

C. Discussion of Personnel Matters

Director Collens, seconded by Chairman Muñoz, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," and 5 ILCS 120/2(c)(29), regarding "meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America." THE MOTION CARRIED UNANIMOUSLY.

Chairman Muñoz declared that the closed session was adjourned. The Committee reconvened into regular session.

VI. Adjourn

As the agenda was exhausted, Chairman Muñoz declared the meeting ADJOURNED.

Respectfully submitted,
Audit and Compliance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Luis Muñoz, MD, MPH, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Audit and Compliance Committee Meeting Minutes
October 9, 2013

ATTACHMENT #1

Corporate Compliance Report

Cathy Bodnar, MS, RN, CHC
Chief Compliance & Privacy Officer

October 9, 2013

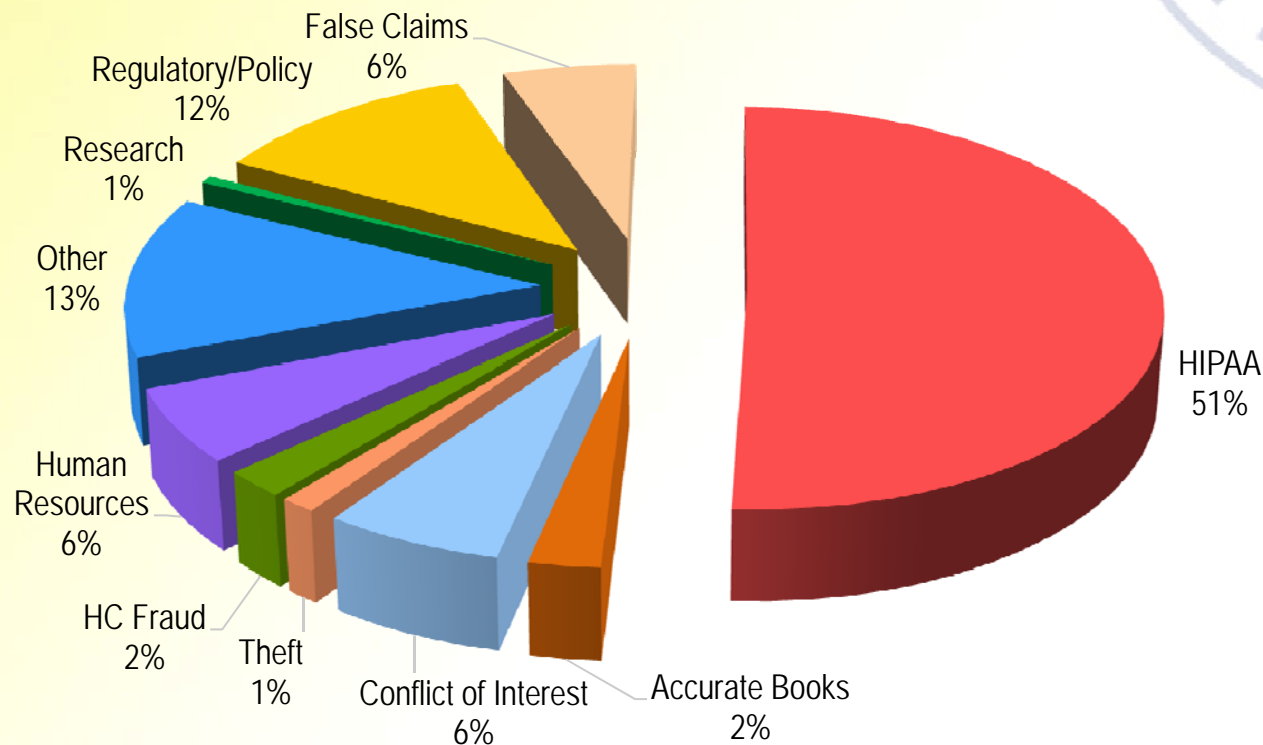


Meeting Objectives

- To file quarterly statistics on reactive compliance issues;
- To discuss HIPAA/Patient Privacy, Confidentiality & Security issues in both the internal and external environment;
- To provide an update on the current status of the 340B Drug Pricing Program; and
- To report monitoring statistics for facility/technical coding and professional fee coding.

F–YTD 2013 Activity

A Total of 316 Reactive Corporate Compliance Issues for 1st – 2nd – 3rd Quarter 2013
The Allegations Fall into the Categories that Follow



Actual Counts

Privacy (HIPAA)	160	Conflict of Interest	20	Human Resources	19	HC Fraud	7	Research	2
Regulatory/Policy	37	False Claims	18	Accurate Books	8	Theft	4	Other	41



Privacy Issues

HIPAA/Patient Privacy, Confidentiality & Security Issues
51% or 160 issues

Not all issues are privacy breaches

- Requests for guidance
 - Release of information
 - Data exchange
 - Business Associate Agreements

There are privacy breaches


- Case-by-case analysis of each incident to determine if a breach
- F-YTD issues – 36 or 22.5%
- Individuals affected – 137

Recognize our “HIPAA Heroes”

**HIPAA Heroes:
Ms. Borders and
Ms. Mason**

A few weeks ago, a man approached Valerie Borders and Roberta Mason individually and requested patient information. The individual claimed to work for Cook County in the Finance Department. Ms. Borders and Ms. Mason knew not to release this information without the proper authorizations and they refused his request, even after he pressured them. We've since learned this person does not work at Cook County, rather he works for a home care provider. By refusing the request, our employees safeguarded our patients' privacy and prevented healthcare fraud.

We applaud Ms. Borders and Ms. Mason for placing the safety of our patients' information first. We admire and thank them both on behalf of our patients.

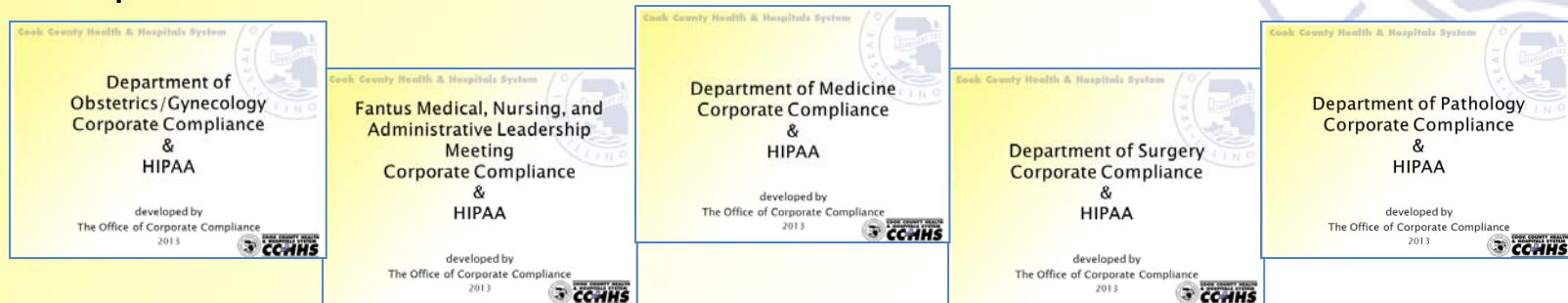


Pictured are Valerie Borders (l), Specialty Clinic H and Roberta Mason (r) Specialty Clinic G-H-I

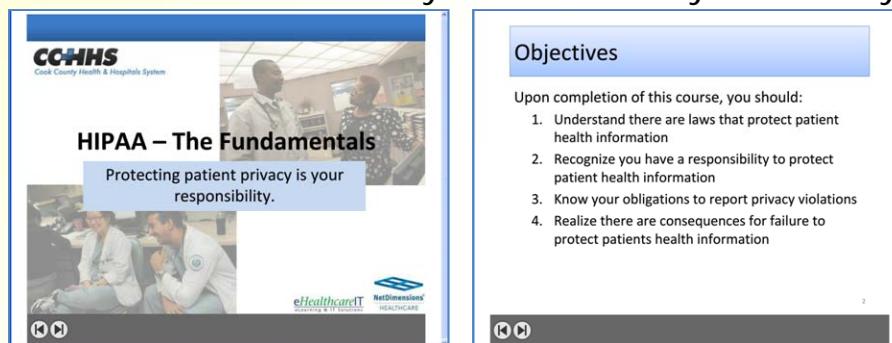


Micro to Macro Corrective Measures

- Specialty education does occur for the individual affected and/or the department affected



- Annual education
A 2013 focus on HIPAA/Patient Privacy, Confidentiality & Security Fundamentals



- Process reviews, including policy updates

Current Events

The Washington Post

BUSINESS

The Washington Post
with Bloomberg

Chicago Tribune
NEWS

CBS EVENING NEWS
with SCOTT PELLEY

HHS wants photocopy machines examined as part of data security

"Affinity Health Plan, a New York managed care company, recently settled for \$1.2 million in fines regarding claims that the company forgot to clear a hard drive containing PHI that was attached to a copy machine being removed from their administrative offices."

September 17, 2013 | By Michael Stovsky | The Washington Post

CHICAGO
SUN-TIMES

Modern Healthcare

Personal data of 4M patients at risk after Advocate burglary

"Personal information for more than 4 million patients of Advocate Medical Group may be at risk after four computers were stolen in a July 15 burglary of an administrative building in Park Ridge, Advocate said Friday.

August 23, 2013 | By Peter Frost and Julie Wernau | Tribune

1,300 patient files hacked at University of Chicago Physicians Group

"Someone hacked into more than 1,300 files of University of Chicago Physicians Group patients, according to news releases from the university and one of its collections contractors."

BY ART GOLAB
Sun-Times Staff Reporter September 13, 2013

FierceHealthIT



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

July 10th Audit & Compliance Committee

Report on CCHHS Information Security

The following categories were presented

Administrative Safeguards

- Administrative actions, policies, and procedures to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity's workforce in relation to the protection of that information.

Physical Safeguards

- Physical measures, policies, and procedures to protect a covered entity's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.

Technical Safeguards

- Technology and the policy and procedures that protect electronic protected health information (ePHI) and control access to the ePHI.





Questions?

Update on 340B Drug Pricing Program

Obtained approval for all 16-off site clinics to participate in the HRSA OPA 340B Drug Pricing Program through John H. Stroger, Jr. Hospital of Cook County.

	Clinic Location	340B ID Number
1	Austin Health Center of Cook County	DSH140124R
2	Cicero Health Center of Cook County	DSH140124Q
3	Englewood Health Center of Cook County	DSH140124P
4	Cottage Grove Health Center of Cook County	DSH140124N
5	Fantus Health Center of Cook County	DSH140124M
6	Logan Square Health Center of Cook County	DSH140124L
7	Near South Health Center of Cook County	DSH140124K
8	Oak Forest Specialty Health Center of Cook County	DSH140124A
9	Dr. Jorge Prieto Health Center of Cook County	DSH140124J
10	Robbins Health Center of Cook County	DSH140124H
11	Vista Health Center of Cook County	DSH140124G
12	Woodlawn Health Center of Cook County	DSH140124F
13	Woody Winston Health Center of Cook County	DSH140124E
14	Morton East Adolescent Health Center of Cook County (School Based)	DSH140124D
15	Children's Advocacy Center	DSH140124C
16	CORE Center	DSH140124B









Questions?

Professional Coding Reviews

Externally Performed by McKesson

- Retrospective reviews are performed quarterly.
- All staff performing CCHHS coding are reviewed.
- Thirty (30) patient records are selected.
- The records reviewed reflect a range of services.
- Performance is scored utilizing the following table:

Accuracy Levels	Scoring		Remediation
	CPT/Modifiers	ICD-9-CM	
Minimum Standard	95%	95%	
Green 	95 - 100%	95 - 100%	Feedback on errors
Yellow 	90 - 94.99%	90 - 94.99%	Feedback; if no improvement in 3 quarters - corrective action plan.
Orange 	85 - 89.99%	85 - 89.99%	Corrective action plan with customized training to address weaknesses. Corrective actions become more focused with increasing levels of monitoring until improvement.
Red 	Below 85%	Below 85%	Monitoring all coding. Corrective action plan with customized training to address weaknesses. If no improvement, removed from production.

Cook County Health & Hospitals System

Professional Coding – E&M

Coder	Quarter 1 Jan - Mar 2013			Quarter Apr - Jun 2013		
	CPT/Modifiers	ICD-9-CM	Action	CPT/Modifiers	ICD-9-CM	Action
Evaluation and Management Codes						
1	100.0%	100.0%	NA	93.5%	96.8%	NA
2	90.0%	97.0%	NA	86.7%	90.0%	Feedback; ongoing monitoring
3	96.7%	100.0%	NA	100.0%	99.2%	NA
4	86.7%	99.2%	Feedback; ongoing monitoring	90.6%	96.7%	NA
5	90.0%	92.0%	NA			
6	90.0%	92.0%	NA	86.0%	99.0%	Feedback; ongoing monitoring
12	92.0%	93.0%	NA			
15	93.3%	93.3%	NA			
19	87.5%	99.2%	Coder removed from production			
29	93.8%	96.1%	NA	90.0%	96.7%	NA
30	93.1%	95.7%	NA	100.0%	93.3%	NA
31	86.7%	91.7%	Feedback; ongoing monitoring	90.0%	100.0%	NA
33	93.3%	100.0%	NA	90.0%	100.0%	NA
35	80.6%	89.2%	Remediation; 100% monitoring until compliant.	81.1%	93.9%	Remediation; 100% monitoring until compliant.
36	83.3%	99.2%	Feedback; ongoing monitoring	86.7%	96.7%	Feedback; ongoing monitoring. Terminated 08/14/2013
37	91.9%	99.2%	NA	86.7%	89.2%	Feedback; ongoing monitoring. Terminated 08/13/2013
39	90.9%	97.0%	NA	85.9%	98.3%	Feedback; ongoing monitoring
42	66.0%	75.0%	Remediation; 100% monitoring until compliant.			
43	91.9%	93.5%	NA	88.3%	86.7%	Feedback; ongoing monitoring
45	86.0%	90.0%	Feedback; ongoing monitoring			
48	76.7%	90.0%	Removed from coding			
49	60.0%	84.2%	Removed from coding			
50	90.0%	100.0%	NA			
51	86.7%	96.7%	Removed from coding			
54	96.0%	NA	NA			



Professional Coding – E&M + Specialty

Coder	Quarter 1 Jan - Mar 2013			Quarter Apr - Jun 2013		
	CPT/Modifiers	ICD-9-CM	Action	CPT/Modifiers	ICD-9-CM	Action
Evaluation and Management Codes						
57	76.7%	83.3%	Removed from coding			
58	96.7%	95.8%	NA			
59	86.7%	100.0%	Feedback; ongoing monitoring	93.3%	95.0%	NA
60	33.3%	62.5%	Remediation; 100% monitoring until compliant.			
62	86.3%	96.9%	Feedback; ongoing monitoring	81.3%	100.0%	Feedback; ongoing monitoring
63	90.0%	95.0%	NA	90.0%	100.0%	NA
75				91.70%	89.20%	Coder is on FMLA.
77				76.70%	86.70%	Remediation; 100% monitoring until compliant.
78	93.9	100	N/A	93.9	99.2	N/A
Podiatry						
41	94.3%	98.6%	NA	94.7%	96.9%	NA
Pathology						
71	98.1%	100.0%	NA	100.00%	96.00%	NA
72	97.7%	99.3%	NA	90.70%	91.70%	NA
73	97.8%	97.5%	NA	100.00%	100.00%	NA
74	100.0%	99.2%	NA	96.40%	100.00%	NA
Radiology						
65	97.1%	100.0%	NA	100.00%	90.00%	NA
66	94.4%	92.7%	NA	97.37%	99.14%	NA
67	100.0%	96.7%	NA	90.91%	96.67%	NA



Professional Coding – Specialty Only

Quarter 1 Jan - Mar 2013				Quarter Apr - Jun 2013		
Coder	CPT/Modifiers	ICD-9-CM	Action	CPT/Modifiers	ICD-9-CM	Action
Emergency Department						
26	93.9%	100.0%	NA			
27	90.6%	100.0%	NA	94.1	100	NA
28	96.8%	100.0%	NA	97.5	100	NA
55	90.3%	96.8%	NA	100	100	NA
56	93.9%	100.0%	NA			
General Surgery						
32	100.0%	98.6%	NA	100.0%	95.0%	NA
38	100.0%	100.0%	NA	95.0%	97.5%	NA
40	94.7%	94.1%	NA	98.5%	96.9%	NA
44	90.9%	96.2%	NA			
61	100.0%	98.0%	NA	93.0%	100.0%	NA
76				84.80%	100.00%	Remediation; 100% monitoring until compliant.
Ophthalmological Surgery						
34	93.2%	99.4%	NA	92.3%	100.0%	NA
Orthopaedic Surgery						
46	100.0%	100.0%	NA	100.0%	97.0%	NA
Plastic Surgery						
7	98.1%	100.0%	NA			
Urologic Surgery						
9	96.4%	98.2%	NA			
64	92.2%	100.0%	NA	44.80%	82.50%	Remediation; 100% monitoring until compliant.
Anesthesia						
68				94.60%	100.00%	NA
69	95.2%	98.4%	NA	94.10%	99.20%	NA
70	94.6%	96.7%	NA	100.00%	98.30%	NA



Process Improvement - McKesson

Request for Additional Information

- Query process between coders and providers.
- An intranet based, electronic communication portal.
- Links to the electronic medical record to allow providers to update the record.
- Identifies areas for documentation improvement to allow for coding specificity.



CCHHS Coding Reviews

Externally Performed Review of Records

Date Parameters: January 1, 2012 – December 31, 2012

Inpatient Records – Provident Hospital

- 1,635 inpatient records reviewed – 100% retrospective review.

Number of Records with Changes	Total Number of Records Reviewed	Accuracy Percentage
10	1,635	99.4%



CCHHS Coding Reviews

Externally Performed Review of Records

Date Parameters: January 1, 2012 – December 31, 2012

Emergency Room Records (including Trauma)

Provident and John H. Stroger, Jr. Hospitals

Provident Hospital ED – 5% Retrospective Review

- A random sample of 720 records reviewed
- Coded by CCHHS coding staff

John H. Stroger, Jr. Hospital ED – 5% Retrospective Review

- A random sample of 2,269 records coded by CCHHS coding staff
- A random sample of 2,130 records coded by CCHHS External Vendor



CCHHS Coding Results

Coding Category	Stroger ED Internal Coders Accuracy Percentage	Stroger ED External Coders Accuracy Percentage	Provident ED Internal Coders Accuracy Percentage
Principal Diagnosis	97%	94%	99%
Secondary Diagnoses	98%	94%	99%
Evaluation & Management (E&M)	83%	94%	98%
Modifiers	61%	50%	98%
Procedures	96%	92%	100%
Nursing Documentation ¹	89%	87%	

¹ Nursing Documentation - Medication infusion start and stop times



CCHHS Quality Improvement Actions

- Educate coders to improve coding accuracy by sharing external audit results.
 - Emphasize official coding guidelines for the assignment of principal diagnosis, secondary diagnosis and procedures.
 - Instruct coders on the assignment of Current Procedural Terminology (CPT) modifiers.
- Develop query process between coders and providers.
- Initiate internal quality review process.





Questions?